Autism Commission

Sub-Committee for Workforce Development

March 13,2017–10:30am – 12:00pm

1881 Worcester Road, Framingham

Attendees: Pat Marshall, Pat Gentile, Carolyn Langer, Carolyn Kain, Mike Maloney, Steven Sullivan, Jeff Keilson, Dianne Lescinskas and Maryann Dezieck.

Pat Marshall, the co-chair, called the meeting to order and welcomed the members to the meeting of this sub-committee. Ms. Marshall stated that the meeting was subject to the Open Meeting Law and that the Sub-Committee members present would need to vote to approve the remote participation of some members because of their geographic location, whenever any members were utilizing video and/or tele-conferencing. Remote access was approved unanimously.

Minutes from last meeting in January were reviewed and approved with two sub-committee members, Carolyn Kain and Pat Gentile, abstaining from the vote because they did not attend the last meeting.

**Dr. Baldor’s Presentation on the Model of Coordinated Medical Care**

* Began with outreach from DDS and clients being moved out of state schools
* 20 individuals in this model with close collaboration with the patient, family, residential and day services
* The Care Coordinator is key to ensure that this model will work
* There is no training for this population of providers – you need a “Champion” to make it work
* Funding from DDS (20 hours per week)
* The 3 providers (PCP, Psychiatrist and care coordinator) meet weekly to help coordinate care
* Patients have complex needs
* Barrier – you have to be a patient of the PCP - ACO model may be able to break down this barrier

It was noted by Dr. Baldor that they use a behavioral approach as opposed to a medical approach. They work around the behavior and try to eliminate medications over time and the medication is usually large part of the problem. They will approach a patient where necessary to gain their trust – waiting room, van, day program. They flag their medical record so others know to contact Dr. Baldor if they see the patient. It was also said that the care coordinator should not be a nurse but MSW – it does not involve the medical approach but more behavioral and coordination of care.

*Workforce Issue*

* You need a PCP “champion
* Possible fellowships (approximate cost $100k)
* Expose students during symposiums/conferences
* Operation House Call
* Develop a care manager as part of the ACO rollout
* All office workers should be trained – can be informal and individualized depending on the patient – this can be done by Care Coordinator

The MCPAP model for adults was discussed (a call in line for pediatricians with mental health concerns) this was noted that it could work for adults with ASD and is being reviewed by the Adult Sub-Committee. It was also noted that there are more nurse practitioners in the workforce and this could be something that we should look at for ASD population as it relates to workforce development.

**Environmental Scan**

There is very little data currently but Dr. Langer attended the conference, “Current Trends in Autism” and connected with some folks – she will gather more information on this topic. A few things to highlight are Nurse Practitioners – thoughts around having more involvement in ASD and LEND Fellows – an online module for nursing students.

Part of the recommendation is to get a sense of where are the patients now – is there a “center of excellence”? When individuals with ASD are not receiving routine care it could be the reason why so many end up in the ER and in a crisis situation. The fee for service world doesn’t work well with these patients and there is no recognition that each patient will take more time and effort for PCP’s.

**Training for ESP**

Jeff will invite an ESP provider to the next meeting and have them review a case study.

**Review of Recommendations from Autism Commission Meeting on March 6th**

The discussion revolved around Recommendations vs. Action Items – these should be discussed at our next meeting. Carolyn said she had proposed a process to the Commission but they did not have time to address this issue at the March 6th meeting. She discussed that she is working on an interim report for June and it will include the current work of the sub-committees. She asked that if there are new recommendations that they be submitted in the beginning of May.

The Chairs of this sub-committee asked that we focus our time at the next meeting on our recommendations to be included in the interim report and table the ESP provider for a future meeting.

A doodle poll will go out to the sub-committee members to confirm a date for a meeting in April.

With no further business to discuss the meeting was adjourned at 12:00.